



DEPARTMENT OF THE NAVY
NAVAL AIR WARFARE CENTER AIRCRAFT DIVISION
22347 CEDAR POINT ROAD, UNIT 6
PATUXENT RIVER, MARYLAND 20670-1161

NAVAIRWARCENACDIVINST 12810.1 CH-2
732000A

JUN 30 2000

NAVAIRWARCENACDIV INSTRUCTION 12810.1 CHANGE TRANSMITTAL 2

From: Commander, Naval Air Warfare Center Aircraft Division

Subj: INJURY COMPENSATION PROGRAM

Encl: (1) Dispensary Permit, OPNAV 5100/9 (Rev. 10/92)

1. Purpose. To issue Change Transmittal 2 to the subject instruction.
2. Action. Addressees shall make the following changes to the instruction:
 - a. Page 1, paragraph 2, change "Benefits and Services (Code 731400)" to "Work Force Relations and Development Division (Code 732000)."
 - b. Page 2, paragraph 6a(3), change "Oct 1988" to "Apr 99."
 - c. Enclosure (2):
 - (1) Paragraph 1b, add "/Compensation" before (COP).
 - (2) Paragraph 1c, delete "(Code 7.3.1.4)."
 - (3) Paragraph 2a(1), change "Code 7.3.1.4" to "local ICP Administrator."
 - (4) Paragraph 2b, delete "(Code 7314)."
 - d. Enclosure (4):
 - (1) Paragraph 1a, change "90" to "45."
 - (2) Paragraph 3a(7), change "90 days or more following injury" to "more than 45 days following injury."
 - (3) Paragraph 3b(1), change "35" to "36."
 - (4) Paragraph 3b(2), change "7314" to "local ICP Administrator."
 - e. Remove enclosure (5) and replace it with the attached enclosure (1) to this change transmittal.

NAVAIRWARCENACDIVINST 12810.1 CH-2

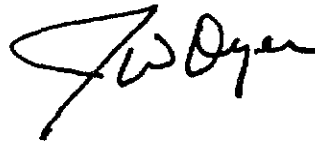
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f. Enclosure (8), paragraph 3b, change "Code 7314" to "Local ICP Administrator."

g. Enclosure (9):

(1) Page 1, first column, second row, change "CA-1" to "CA-2."

(2) Delete forms CA-8 and CA-20a.

A handwritten signature in black ink, appearing to read "J. W. Dyer". The signature is stylized with a large, sweeping initial "J" and a cursive "W".

J. W. DYER

Distribution:
List I

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Dispensary Permit

PRIVACY ACT STATEMENT BELOW

CASE NUMBER

SUPERVISOR'S REPORT		TO DISPENSARY (Location)		DATE OF REPORT	
EMPLOYEE'S NAME		TIME & DATE OF INJURY		TIME LEFT JOB	TIME RETURNED
SOCIAL SECURITY NO.	GRADE, RATE, JOB TITLE			OCCUPATIONAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> QUESTIONABLE	
REASON FOR REFERRAL <input type="checkbox"/> INJURY <input type="checkbox"/> ILLNESS <input type="checkbox"/> EMPLOYEE'S REQUEST <input type="checkbox"/> OTHER (Specify)					
REMARKS					
SUPERVISOR'S SIGNATURE		SHOP/OFFICE	TELEPHONE NUMBER		

MEDICAL OFFICER'S REPORT		TIME REPORTED	TIME RELEASED
OCCUPATIONAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> QUESTIONABLE		DEGREE OF INJURY <input type="checkbox"/> FIRST AID <input type="checkbox"/> MEDICAL TREATMENT <input type="checkbox"/> OTHER (Explain)	
DISPOSITION OF EMPLOYEE <input type="checkbox"/> RETURN TO PERM. JOB <input type="checkbox"/> TEMP. TRANSFER TO ANOTHER JOB <input type="checkbox"/> TERMINATION OF EMPLOYMENT <input type="checkbox"/> RESTRICT ACTIVITY UNTIL <input type="checkbox"/> PERM. TRANSFER TO ANOTHER JOB <input type="checkbox"/> SENT HOME BY DISPENSARY <input type="checkbox"/> REFERRED TO PRIVATE PHYSICIAN/HOSPITAL <input type="checkbox"/> OTHER (Explain)			
REMARKS/DIAGNOSIS			
MEDICAL OFFICER'S SIGNATURE		INITIAL TREATMENT DETERMINATION <input type="checkbox"/> DISCHARGED, TREATMENT COMPLETED <input type="checkbox"/> RE-TREATMENT REQUIRED	

OPNAV 5100/9 (Rev. OCT 1992)

PRIVACY ACT STATEMENT**Authority:** SECNAVINST 5100.10E and OPNAVINST 5100.23C**Principal Purpose:** To ensure prompt investigation of occupational injuries, and to initiate any necessary immediate corrective action.**Routine Use:** Routinely used by the activity Occupational Safety and Health Office to perform official duties in the investigation of mishaps which may have caused occupational injury or illness.**Disclosure:** Voluntary. Treatment will be provided without regard to employee's willingness to divulge all or part of the requested information.